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To: House Committee on Education

From: Dr. Heather Bouchey, Deputy Secretary; Melissa Bailey, LCMHC, Deputy Commissioner, AHS

Date: 2/2/16

RE: Testimony regarding Act 46, Section 49: Coordination of Educational and Social Services

- I. Beginning Fall 2015, key personnel in AHS and AOE began holding discussions about how best to jointly meet challenges of Vermont's most vulnerable populations
- II. Department of Health had planned a contract with Center for Health and Learning to conduct research on best practice for interagency collaboration and service integration

Summary of findings (one of the papers reviewed, national data)

- "The complexity of child mental health service delivery systems and funding streams hampers integration and expansion of services."
 - "Locally-controlled school policies and priorities may complicate implementation of state funded, school-located child mental and behavioral health programs."
 - "State action expanding insurance coverage for low-income children and families can lead directly to increased service access."
 - "While most states have prioritized services to support seriously emotionally disabled children... West Virginia has developed an Expanded School Mental Health Initiative that funds three tiers of mental health services prevention, early intervention, and treatment."
 - "While underfunding has limited the capacity of child mental health services across the nation, additional promising practices" exist: telemedicine and tele-psychiatry for rural and frontier areas (Minnesota); mental health training for teacher accreditation (Minnesota); problem solving-initiatives through classroom-based strategies (MN, NM, NC, OR, and TX).
- III. Based on this work and our own state data, as well as personal feedback from field, we collectively identified **emotional disturbance in children** as an area of shared, concern for both AOE and AHS
 - a. VT highest designation rates in nation
 - b. Rise in more challenging and intense symptoms (even in youngest children), issue is critical for both schools and mental health/DCF services (both prevention and treatment); see Fig. 1

- c. Identified regions within the state where ED designation was on the rise and/or had highest rates
 - i. Note: schools and mental health personnel already working very hard in these regions, want to ensure we are not using this information to “point the finger.” Rather, how can we better target our resources *jointly* to ensure streamlined process, integrated programming, etc.
- d. Developed strategy, largely based on re-working/re-vamping existing partnerships and legislation (rather than beginning something completely new)

IV. Handouts: additional details regarding the work plan

- a. Timeline
- b. Topics to be addressed
- c. Snapshot of financials

Feb-May

- Who: AOE admin, AHS admin, Supes, DA personnel; plus direct service staff from schools, AOE (PBIS), DAs
- What: Series of stakeholder meetings, in two target regions (Winooski, Orleans SW)
- Deliverables: Identify specific challenge(s) in each region, confirm ED designation process, identify specific resources needed; map out initial plan for integrating PBIS/SBS within two regions

Jan-Feb

- Who: AOE admin, AHS admin, VCSEA admin
- What: Hold initial implementation meeting
- Deliverables: Manual/policy revision, design communication and outreach action plan

May-July

- Who: Direct service staff from schools, AOE (PBIS), DAs; AOE/AHS Admin
- What: Develop detailed timeline for integrated services model and associated resource allocation, including identification of start date
- What: Develop/specify evaluation plan, including key indicators of success, outcomes of interest, and planned mechanisms for documenting what worked/what didn't
- Deliverable: Report on initial phase of partnership development and outcomes to Agency Secretaries

System of Care Understanding

- Revive the understanding and use of Act 264 and System of Care values
- Assure full understanding of the options within Success Beyond 6 and PBiS
- Share what is working in areas with positive outcomes
- Disseminate information regarding working partnership at the state level between AOE and AHS so local leaders know we are in this with them
- Create a AOE/AHS leadership team to oversee the system of care

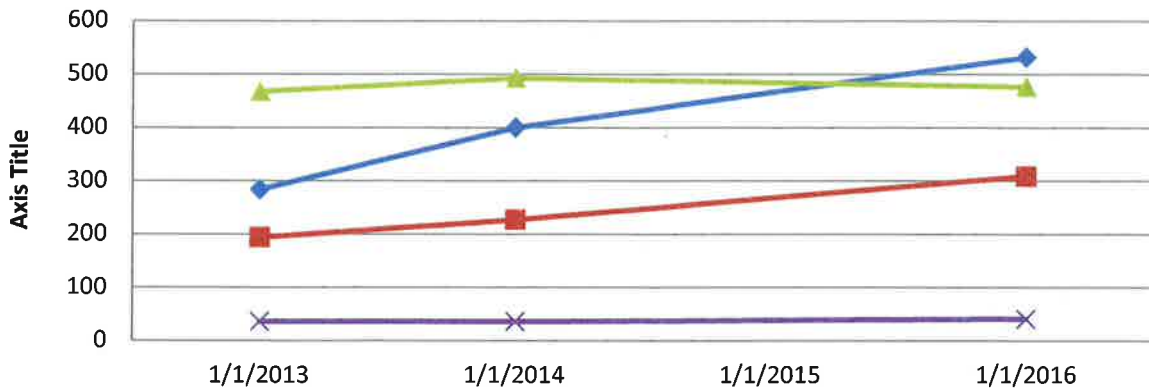
Review Data

- Identify areas of fiscal or resource pressures and their impact on other parts of the system
- Map and review state-wide data regarding SU/Districts that have PBiS, Success Beyond 6, IEP rates and IFS implementation to identify areas of focus
- Identify areas in the state for initial focus
- Identify specific mental health and educational trends to monitor

System of Care Services

- Create an addendum or MOU to update the AOE/AHS Interagency Agreement
- Increase the number of schools with PBiS and Success Beyond 6 contracts
- Look for opportunities in Health Care Reform to include services in schools
- Explore Full Service schools or the elements of Full Service schools
- Ensure schools are trauma informed, understand toxic stress and have access to services to address
- Develop alternatives to residential and out of state treatment to assure children are served in their school district
- Work with adult system of care to assure parents are receiving necessary services
- Increase access to early childhood services that include addressing family needs

**Figure 1. Children in Custody by Age Group
(Current Total = 1359)**



| | 10/31/2013 | 10/31/2014 | 1/4/2016 |
|-------|------------|------------|----------|
| 0-5 | 284 | 400 | 532 |
| 6-11 | 194 | 227 | 309 |
| 12-17 | 468 | 493 | 477 |
| 18+ | 36 | 36 | 41 |

Figure 2. Number of VT Students Identified with ED

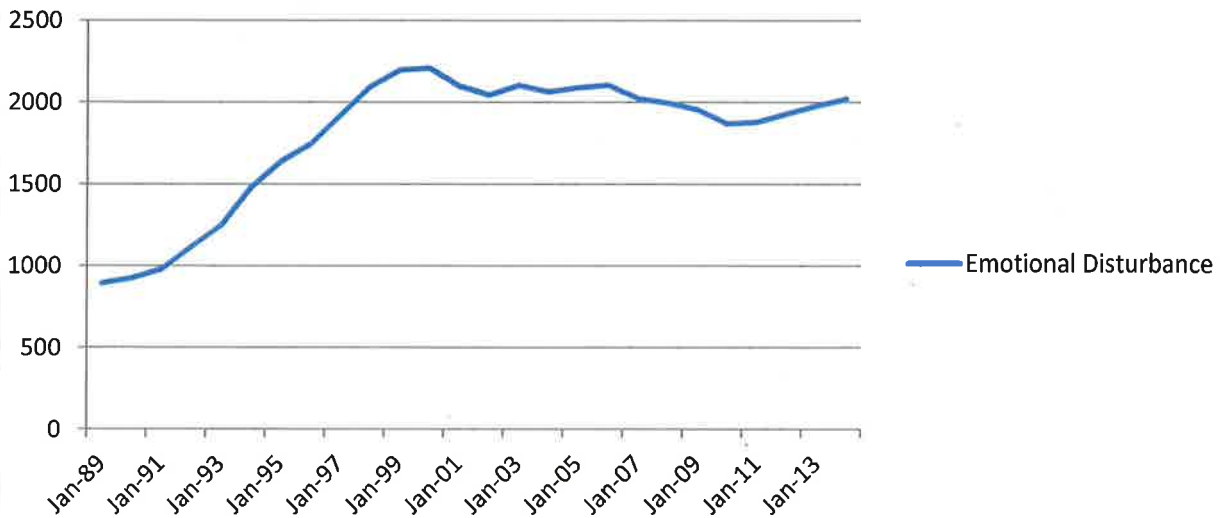


Figure 3. Which regions have the greatest increase in ED designation?

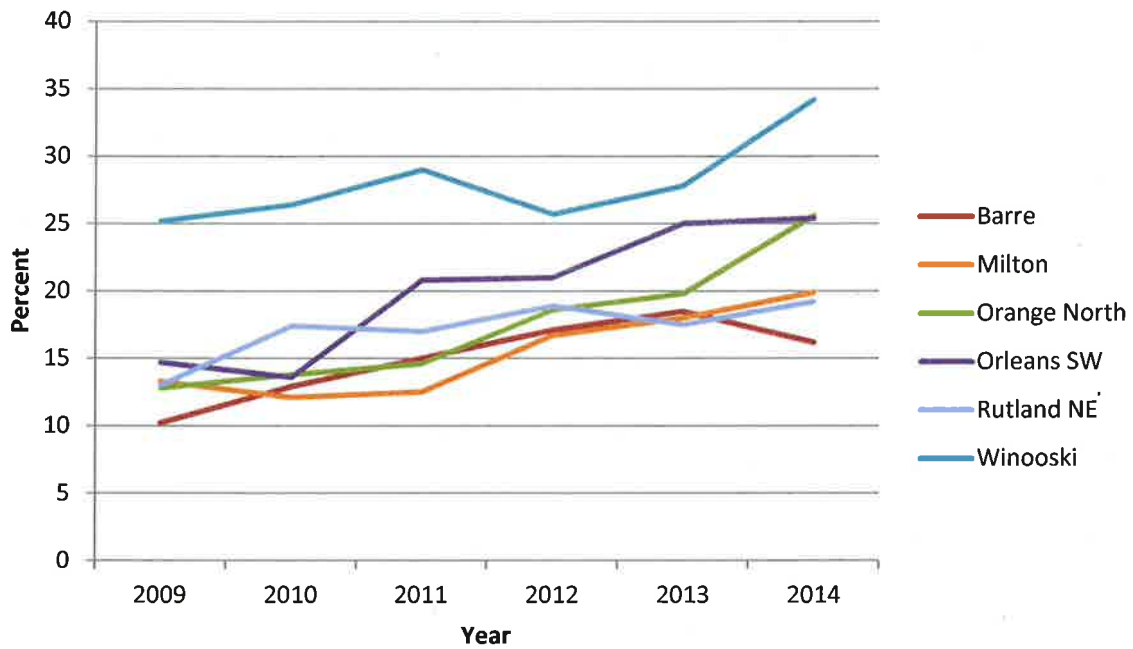


Figure 4. Which regions *currently* have more than 20% ED designation?

